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## , COVER LETTER

Registration Section
Division of Corporations

TO:

TYLER'S O	CARIBBEAN GRILL LLC	•	
SUBJECT:	Name of Lim	ited Liability Company	<u> </u>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Chris Harris		
		Name of Person	<del> </del>
	TYLER'S CARIBBEAN (	GRILL LLC	2022 JUL -1 PH 2: 17 CECRETARY OF STAFE TALL MASSLE FLORID
		Firm/Company	
	315 W Concord St Apt 50	4	ARY C
	-	Address	-n I
٠	Orlando, Florida 32801		7.17 TATE ORID
		City/State and Zip Code	•
	chris22fl@gmail.com		
	E-mail address: (	to be used for future annual report no	otification)
For further information c	oncerning this matter, please co	all:	
Chris Harris		407 8681247	
Name o	f Person	at () Area Code Dayti	me Telephone Number
Enclosed is a check for t	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S Division of C P.O. Box 632 Tallahassec,	Section Corporations 17	Street Address: Registration S Division of Co The Centre of 2415 N. Mont Tallahassee, F	orporations Tallahassee oe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TYLER'S CARIBBEAN GRILL LLC
(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited	Liability Company	y)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000437582</u>	y were filed on j	10/06/2021	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lial	bility company	here:	
Alliance Investment Solutions LLC			
The new name must be distinguishable and contain the words "Limited Liab	ility Company," th	e designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our	r records, <u>enter the</u> (	Page 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Name of New Registered Agent:			
New Registered Office Address:			
	Enter F	lorida street address	
	City	, Florida	1 Zip Code
New Registered Agent's Signature, if changing Registered Agent	·		<i>111</i> / C 1111
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office	ree to act in the e performance provided for in	of my duties, and 1 on Chapter 605, F.S.	am familiar with and Or, if this document is

company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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an effective da	e, if other than the date of the is listed, the date must be spo	cific and cannot be pr	rior to date of fil	ing or more than	90 days after f	iling.) Pu	rsuant to	605.020
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	fies a delayed effective date,	but not an effective	e time, at 12:0	I a.m. on the ea	arlier of: (b)	The 90	)th day a	fter the
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